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ABSTRACT

"Starting Early Starting Smart" (SESS) provides an integrated system of child-centered, family-focused, and community-based services targeted to at-risk children from birth to age seven at twelve sites across the country. To access families that are often not in the mainstream of service access and use, SESS programs partner with primary care institutions and early childhood education institutions. Rigorous evaluation of the project has produced early findings demonstrating that SESS programs have succeeded in: increasing access to needed services for participating families; helping families strengthen the ways in which they guide and support the development of their young children; strengthening positive interaction between caregivers and infants in the early months of life; and strengthening the development of young children in ways that are crucial for future school success. This summary elaborates and explains findings of positive program effects across the broad scope of intended outcomes. Results of the SESS demonstration reveal scientifically validated successes with respect to the major sequential stages of positive outcomes that represent the intent of the programs. Three appendixes present information about starting SESS, SESS program acknowledgements, and SESS grant sites. (GCP)

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STARTING EARLY STARTING SMART: SUMMARY OF EARLY FINDINGS

***The Starting Early Starting Smart
Steering Committee***

December 2001

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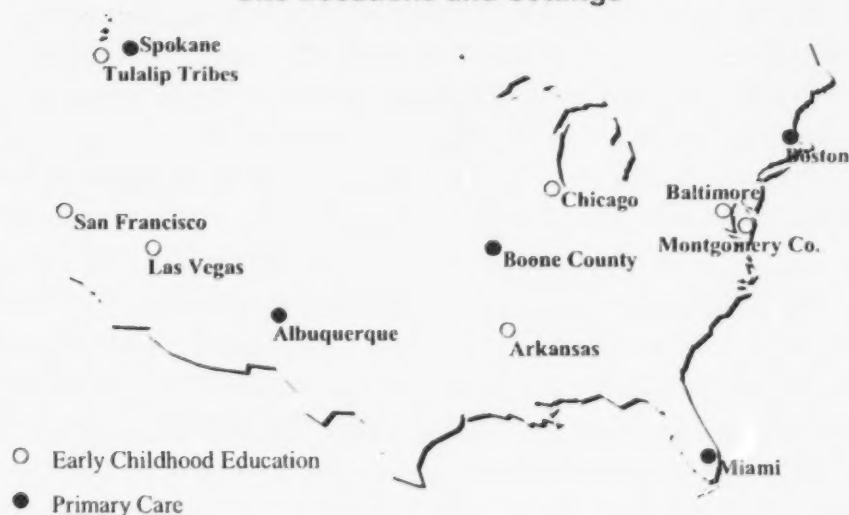
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STARTING EARLY STARTING SMART: SUMMARY OF EARLY FINDINGS

The Starting Early Starting Smart Steering Committee

Starting Early Starting Smart (SESS) provides an integrated system of child-centered, family-focused, and community-based services targeted to at-risk children from birth to age 7 at twelve sites across the country. This 4-year program and evaluation study is sponsored by an innovative public-private collaboration between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) and Casey Family Programs. The *SESS* collaboration also includes service providers and researchers in the local sites, and families who participate in the program, rather than simply attend it. Families are represented in local collaborations, on the national Steering Committee, and in the *SESS* Family Institute.

Site Locations and Settings



To access families that are often not in the mainstream of service access and use, *SESS* programs partner with primary care institutions and early childhood education institutions. These settings are thought to be windows of opportunity in which caregivers are particularly open to helping services that may benefit their children. Five of our programs are in primary care settings; seven are in early childhood education settings—five of these are in Head Start programs, and two are in child care settings.

Rigorous evaluation of the project has produced early findings demonstrating that *SESS* programs have succeeded in:

- Increasing access to needed services for participating families
- Helping participating families strengthen the ways in which they positively guide and support the development of their young children
- Decreasing drug use among caregivers when programs targeted caregivers in need of substance use treatment
- Strengthening positive interaction between participating caregivers and infants in the early months of life
- Strengthening the development of young children in the program in ways that are crucial for future school success

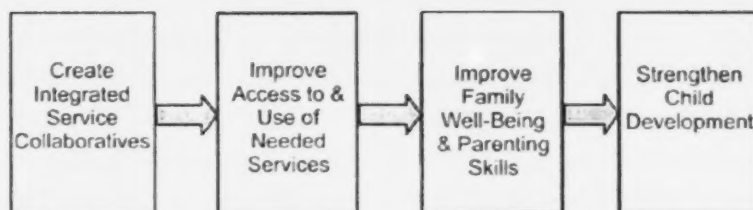
The *SESS* multisite methodology imparts lessons regarding *where* and *how* programs best engage families in behavioral health services. This summary will elaborate and explain findings of positive program effects across the broad scope of intended outcomes. As such, certain outcomes pertain only to families or sites with certain characteristics. For example, some measures are only meaningful for monolingual English speakers or for parents who show warning signs of substance use. In addition, two of the original programs could not be implemented due to legal and administrative difficulties. The findings therefore represent the families and sites for whom the particular measures were deemed most valid.

Program Purposes

SESS purposes are embedded in growing public awareness and scientific understanding of the importance of the earliest years of life in setting the essential foundation for social-emotional development, cognitive development, and the caregiver nurturing and support that is important to later success in school and life. These purposes are also grounded in the growing knowledge and awareness that many families fall through the cracks in our service system because of fragmentation, poor infrastructure, lack of appropriate service, or cultural or individual barriers to service access.

Accordingly, *SESS* can be understood in the context of four sequential sets of purposes.

SESS Purposes



1. Creating integrated service collaboratives in each local community. While programs respond to the needs and opportunities in the local community, there are similarities in approach and procedure across the *SESS* collaboratives.
2. Improving access to and utilization of services needed by caregivers, families, and children. Strengthened access includes direct *SESS* services to families, but also includes services to systems that support these families. For preschool children, this includes strengthening the capacity of the preschool classroom to identify and respond to their developmental needs.
3. Improving parenting skills and overall family well-being in recognition that a strong and nurturing family environment is consistently documented as one of the most important assets a child can have for prevention of problem behaviors and support of positive outcomes. Family well-being includes the behavioral health of caregivers, parenting skills, and the establishment of a safe, nurturing, educational, and supportive home environment.
4. Ultimately, the accumulation of accomplishment in the above areas will strengthen early childhood development in ways that are known to support success in school and the social environment. The importance of these achievements cannot be minimized. All families want a better future for their children, and we know from longitudinal studies that the path established early in life is critical.

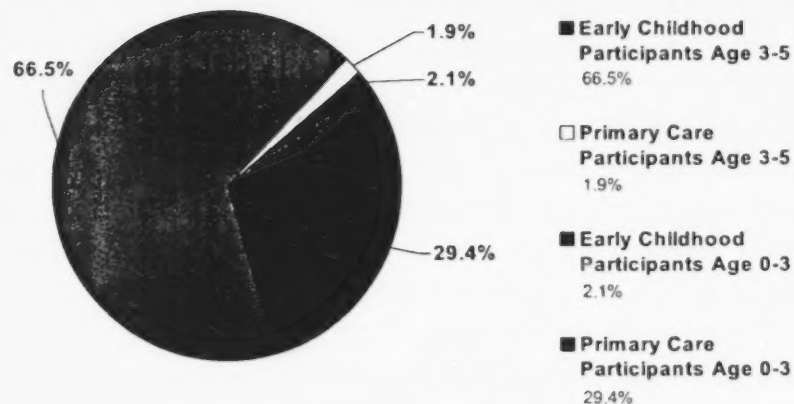
In addition to these research purposes, the *SESS* initiative promotes two long-range systemic goals through program, DCC, SAMHSA and Casey Family Program, and other activities:

- Improve Federal/State policy, promote blended funding, and reduce administrative barriers to integrated services for families and young children in need.
- Encourage Federal grant funding approaches to enable more partnerships, longer-term projects, and benefit-cost studies.

Who Are the *SESS* Participants?

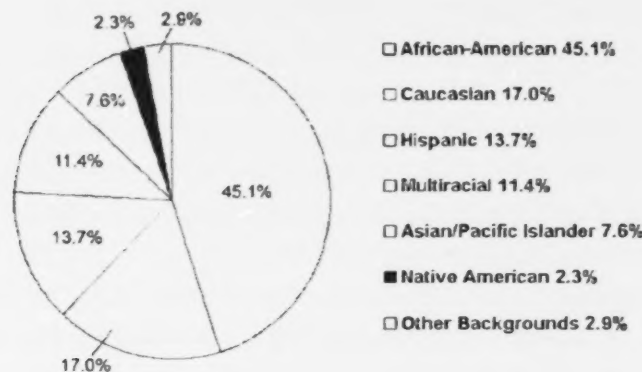
The idea that "if we build it, they will come" is not a reasonable expectation for behavioral health or other services important to multiple need families. The categorical approach to service delivery, a model that is characterized by centralized locations, highly defined diagnoses, and limited perspective services, has serious service access and delivery deficiencies. Multiple and related family needs are often not adequately addressed; the lack of a preventive orientation means that crises frequently trigger services, with more expensive prescriptions and consequences; and many barriers to service mean that families often do not access them voluntarily. The *SESS* programs have enrolled families and maintained them in multiple services.

SESS Reaches Children Ages 0 to 5 (N = 2,908)



The primary care and early childhood education settings provide opportunity to engage families of index children at very different ages. The great majority of children in the primary care sites are under 2 years old when their family enters the program. For some programs, children are newborns because many families are recruited from hospital delivery wards and pediatric departments. Children in early childhood education sites are almost always between 3 and 5 years old when a *SESS* program is initiated for their education center.

SESS Children Are Ethnically and Racially Diverse (N = 2,908)



SESS families are of diverse ethnic and racial membership, and represent a variety of personal circumstances. Approximately 40 percent have less than 12 years of schoolroom education (compared to 16 percent nationally). Just over half are single parents (compared to 25 percent nationally). Neither parent is employed in 13.9 percent of families (compared to the 3-5 percent national unemployment rate).

As a group, they are in a disadvantaged circumstance with respect to service access. For example, over 29 percent of the *SESS* caregivers had no health insurance, compared to 18 percent of the American adult population. Other barriers to service access apply differentially across sites, including poor transportation resources, language barriers, uncertainty about legal status, and pressures from multiple jobs and coping with very low-income status, as well as many others. While these families often face multiple needs and challenges, they also bring caring and strengths. By keeping assets in perspective, *SESS* programs seek to more successfully engage and empower these families in their efforts to provide the best possible futures for their children. As a result, many lessons have been learned from each site's unique approach to working with families in their particular community and cultural setting.

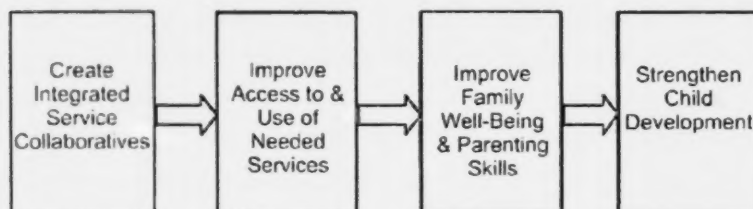
In summary, the information collected on study participants confirms that *SESS* programs engage and serve:

- Families and their children in the early years of life
- Families in a variety of community contexts and cultural backgrounds
- Families in a variety of multiple need situations, with a variety of unique assets to use in meeting these challenges

SESS Service Principles and Program Components

With respect to the first of the *SESS* purposes, local programs have built collaborations designed to meet the particular constellation of priority needs within the population they serve, and to flexibly respond to the particular needs of each family.

Step 1: Create Integrated Service Collaboratives

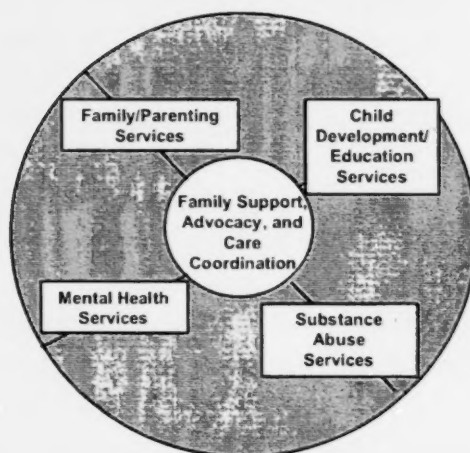


Across these local collaborations, *SESS* has developed a common set of service concerns and a generally shared strategy for integrated service delivery. At a broad level, *SESS* programs share service principles.

- First, *SESS* programs strive to be *Family-Centered*, meaning that they engage and involve families in the mutual identification and resolution of their unique needs. From a service perspective, the dignity of the family is respected in the most fundamental way by fashioning a collegial and trusting relationship.
- Second, *SESS* programs strive to be *Strengths-Based*, meaning that *SESS* programs identify and support the many personal and cultural strengths that caregivers bring to their families, and not simply the inferred needs that may require participation in treatment services.
- Third, *SESS* programs adopt a *Holistic Perspective*. This means that families, caregivers, and children are engaged in their fullness and complexity. Often, single service solutions will not be effective. For example, it is recognized that a caregiver consumed with concern about meeting basic survival needs such as housing or transportation for her or his family must be given help and hope in this area before other needs can be met.

To put these principles into practice, *SESS* programs also share a common portfolio of service components. Engagement with the family—providing family support, advocacy, and care coordination—lies at the center of *SESS* service components. A typical *SESS* site provides or supports access to a range of family and parenting services, child development and child mental health services, and caregiver mental health and substance abuse services.

SESS Service Components

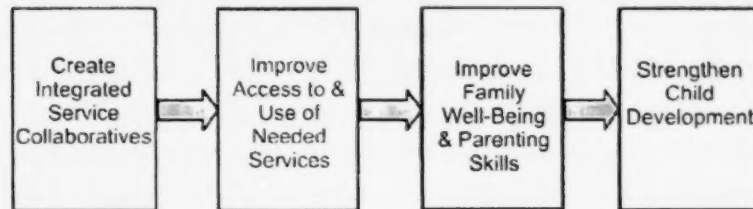


SESS programs address indicated needs for treatment services, and also represent prevention in its most fundamental sense. For children, numerous studies have clearly demonstrated the importance of family as a protective factor as youth mature. Our increasing understanding of the earliest years of life makes it clear that prevention must begin in the early years when so much foundational development takes place.

In summary, SESS programs share important program principles and components while maintaining flexibility in responding to individual families through care coordination. They:

- Establish and maintain collaborative relationships with other agencies and providers
- Work cooperatively with their host setting to increase capacity for family-centered, strengths-based, and holistic service provision
- Engage families in the home or on site
- Coordinate needed services with external agencies

Step 2: Improve Access and Use of Needed Services



Service Access and Utilization

The portfolio of *SESS* services is designed to produce a sequence of outcomes that culminate in strengthened child development outcomes for *SESS* children. The sequence of intended outcomes begins with efforts to *improve access to and use of needed services* by *SESS* families.

Thorough and rigorous evaluation research¹ has demonstrated that, over two follow-up measures, approximately 6 and 12 months after program entry:

SESS programs increase access to and use of needed services by participating families.

More specifically, *SESS* programs increased caregiver participation in educational and therapeutic services concerning parenting behaviors. The bars in the graphs of service access outcomes indicate the percentages of *SESS* participants who received parenting services across the two follow-up time points as compared to study participants receiving the usual standard of care in their sites. *SESS* parenting services are a comprehensive package tailored to the service environment of each site, commonly including:

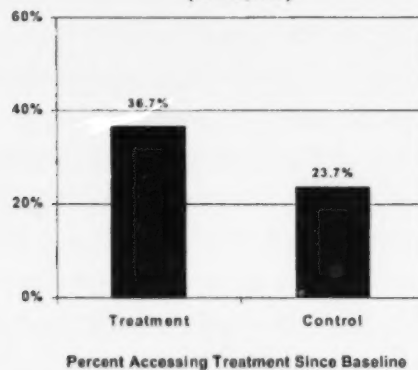
- Site-based parenting classes
- Home-based parenting skills development

(continued on next page)

¹ The *SESS* cross-site research used a carefully designed instrument package, control or comparison group designs to distinguish *SESS* program effects from the gains made through the usual standard of care in each site, and several repeated measurement points to establish the longer-term pattern of program effects. These early findings are based upon two follow-up measures for service access data (at about 4 months and 8 months after program entry), and one follow-up for family and child outcome data (at about 8 months after program entry). All statistical contrasts presented here are statistically significant (1-tailed test, $p < .05$ for univariate tests, $< .10$ for multivariate), unless labeled as a trend. The continued analysis of follow-up information will allow us to confirm and elaborate the early findings reported here on the first year of service to families.

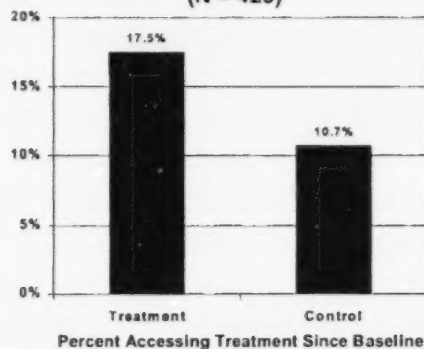
- Mom-and-baby classes
- Social support groups
- Information sessions (cooking, budgeting, etc.)
- Support services for basic family needs (e.g., housing, transportation)

SESS Programs Improve Access to Parenting Services
(N = 2,777)



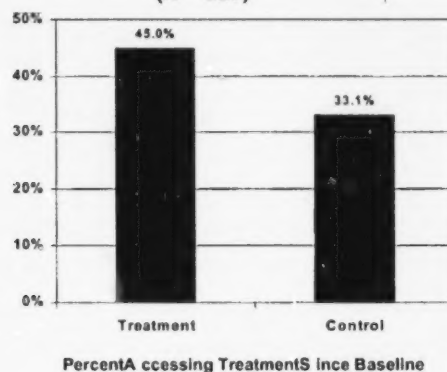
Primary care sites had the opportunity for more focused selection of caregivers with behavioral health needs, including both substance use and mental health. Approximately half of the caregivers at these sites (423) showed substance use warning signs at baseline, including: a history of use, other users in the family, and symptoms of use noted by the family worker. A greater number of *SESS* caregivers with warning signs had entered substance treatment by the first follow-up than had standard of care comparisons.

SESS Programs in Primary Care Settings Improve Access to Substance Use Treatment
(N = 423)



Similarly, 337 caregivers at primary care sites (approximately 40 percent) showed mental health warning signs at baseline, including: scoring in the "risk" zone on a mental health screen, recent mental health treatment, or an unmet need for mental health treatment. A greater number of *SESS* caregivers with warning signs had entered mental health treatment by the first follow-up than had standard of care comparisons.

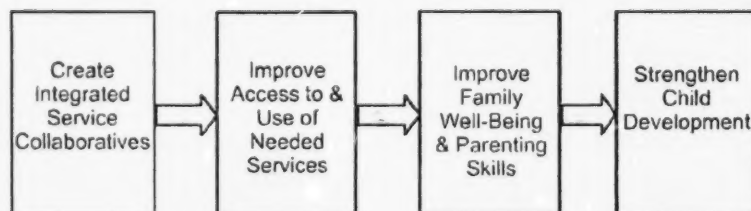
SESS Programs in Primary Care Settings Improve Access to Mental Health Treatment (N = 337)



Improved Family Well-Being

Increased access to needed services combined with family strengthening, advocacy, and support provided by *SESS* staff working with families are expected to facilitate improvements in family well-being. Improved well-being is reflected in several areas of impact on caregivers and families. Caregivers are supported in improving methods of resolving family conflict, improving their parenting skills, and strengthening their family environment, as well as in meeting their personal behavioral health needs.

Step 3: Improve Family Well-Being & Parenting Skills



Parenting and family services are a central component of *SESS* prevention. Most of these services are provided by *SESS* staff themselves, or by collaborators who have a central, often contractual, role in providing services to *SESS* families. Parenting and family services in different programs include: group educational sessions on infant and toddler development, nurturing and care, and preschool child development and parenting skills. Primary care sites also offer dyadic mother-child groups. Other parenting and family support services include a variety of informational and social support meetings, regular parenting support groups, and situational informational and educational activities in the home or in other situations of teaching opportunity. Early evaluation findings indicate that:

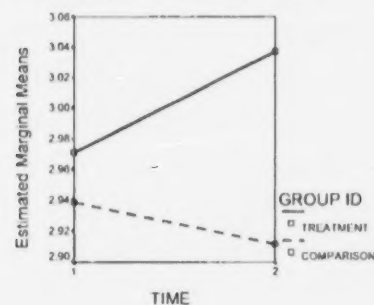
SESS programs help participating families strengthen the ways in which they positively guide and support the development of their young children.

Statistical findings specify the areas in which this strengthening occurs.

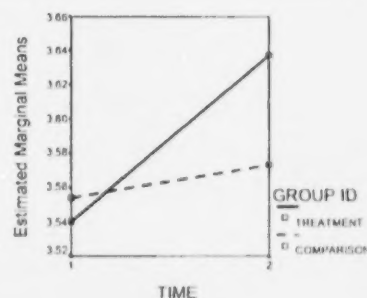
- *SESS* caregivers made gains in appropriate discipline and positive reinforcement for their children compared to declines in both of these positive parenting behaviors in comparison families. These positive gains were strongest in early childhood programs that emphasize education with respect to parenting.

Improved Discipline and Reinforcement Practices* (N = 1,394 families with children 2 years and older at baseline)

Appropriate Discipline (Higher Value Indicates Better Behavior)



Positive Reinforcement (Higher Value Indicates Better Behavior)

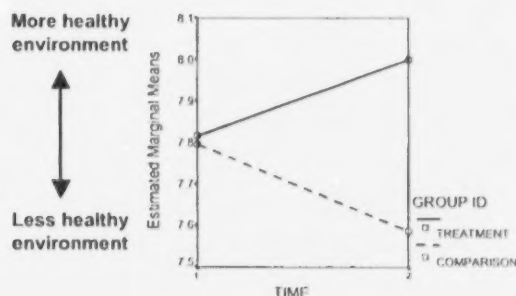


* From the Parental Discipline Methods Interview

- The *SESS* research included observations or reports on the home environment of participant and comparison families. There was an increased presence of learning stimulation in the homes of *SESS* families while indicators of learning stimulation declined in comparison homes. This finding refers only to families for whom the home measure was age- and culture-appropriate (omitted by Native American site).

Improved Learning Environment in the Home*

(N = 1,100 families with children at least 3 years old at baseline)

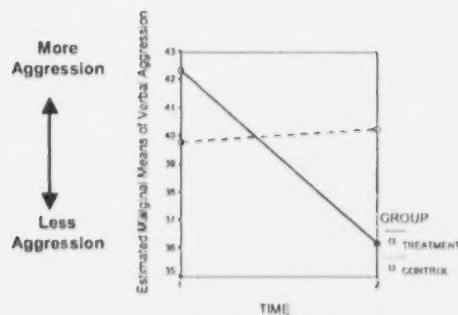


* From the HOME Preschool Observation Interview

- In another important area, *SESS* caregivers report a decrease in verbal aggression in the home, while comparison homes experienced an increase in this form of conflict. This finding refers only to those caregivers for whom the conflict measure was culturally appropriate (omitted by a primarily Asian American program), and who had a relationship partner at both baseline and the first follow-up interview.

Decreased Verbal Aggression in the Home*

(N = 952 caregivers with partners)

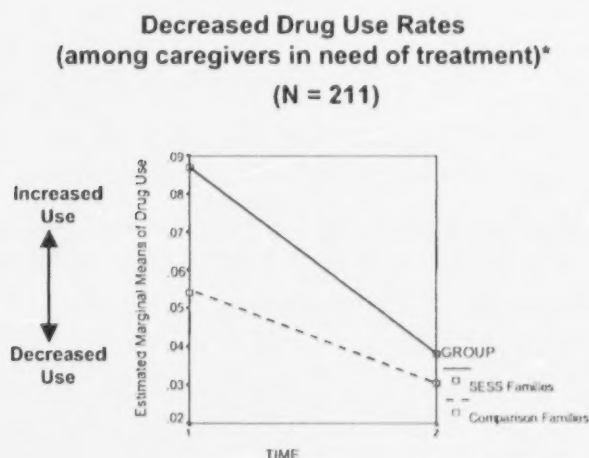


* From the Conflict Tactics Scale - Couple Scores

Together, the pattern of statistically significant positive change in these indicators is evidence of positive program impacts on the well-being of the *SESS* families.

Primary care sites in particular have targeted caregivers with substance use issues, and increased their access to treatment services. Early research findings confirm the effectiveness of improving access to substance use treatment.

SESS programs that target services for caregivers in need of substance use treatment decrease use rates among caregivers in need.



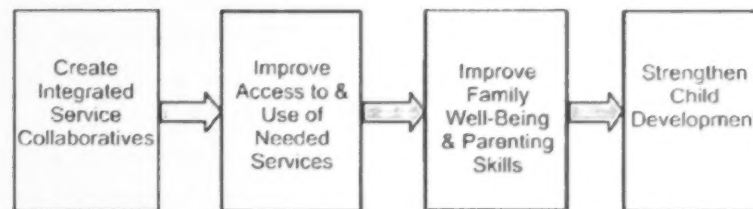
* From the Addiction Severity Index

More specifically, 211 caregivers at primary care sites reported having an acute need for substance use treatment at baseline. Among these, *SESS* participants demonstrated a greater decline in drug use between program entry and the first follow-up interview than comparison caregivers. While use dropped for both groups, *SESS* caregivers were using more heavily at baseline and dropped their use more sharply during the program. Programs that targeted caregivers with need for substance use services have had early success in achieving this major behavioral health objective.

Outcomes for Child Development

The ultimate intended outcomes of the *SESS* interventions are to lay a more positive foundation of social-emotional, physical, and cognitive development for children. The intervention is a focused attempt to improve the futures of children at a point when they are most vulnerable—in the earliest years of life.

Step 4: Strengthen Child Development

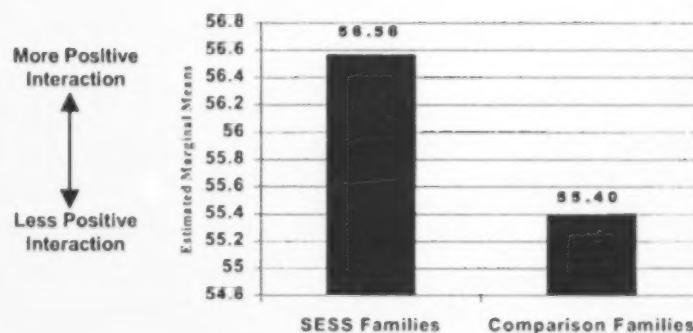


Early evaluation findings indicated strengthened outcomes for both major age groups of *SESS* children. In the primary care sites that serve newborns and infants:

SESS programs strengthen positive interaction between participating caregivers and infants in the early months of life.

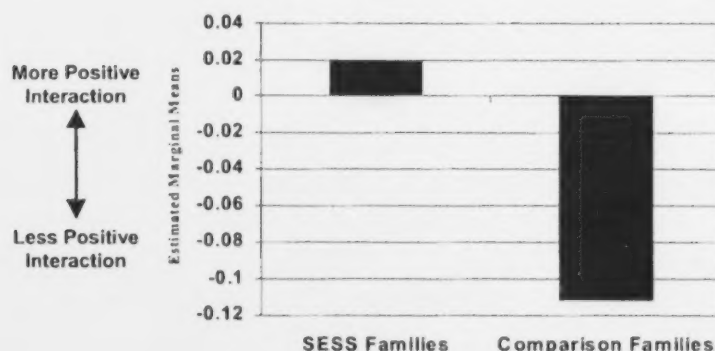
More specifically, videotaped feeding and playtime interactions between mothers and infants were found to be more positive and responsive for *SESS* families than for comparison families at the first follow-up interview. These findings represent important strengthening of the caregiver-child interaction that is crucial to positive child development in the first years of life.

Strengthened Caregiver-Child Interaction During Feeding* (N = 415 mother-and-baby pairs at primary care sites)



* Taken from the NCAST Feeding Scale, 6-month follow-up. Statistically significant ($p = 0.05$, one-tailed test)

**Strengthened Caregiver-Child Interaction During
Play***
(N = 468 mother-and-baby pairs at Primary Care sites)



* Taken from the NICHD Caregiver-Child Interaction Scale, 6-month follow-up. Statistically significant ($p = 0.05$, one-tailed test)

For older preschool children, largely in the early childhood education sites, early evaluation findings support a conclusion that:

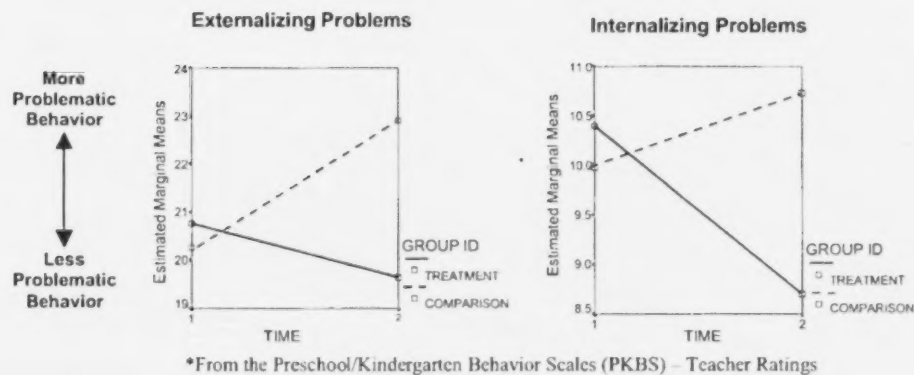
SESS programs strengthen the development of young children in ways that are crucial for future success.

Appropriate social-emotional development is an important foundation for school readiness and the ability to successfully adapt to the school-learning environment. *SESS* staff helped children through:

- In-class behavioral observation
- In-class social skills curriculum
- Early assessment of behavioral issues
- Therapeutic individual and group sessions
- Behavioral management techniques

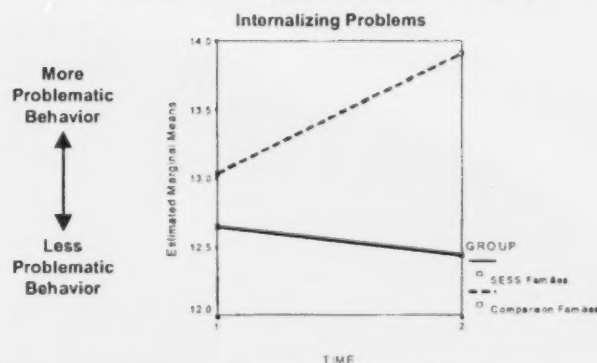
In teacher ratings of preschool classroom behavior, *SESS* children demonstrated a decreased incidence of external and internal problem behaviors, while comparison children were observed to have increasingly problematic behaviors in these areas. The reduction in externalizing problems is particularly important because these behaviors are disruptive in the classroom, and interfere with the ability of a child to benefit from the classroom experience.

**Strengthened Social-Emotional Development for SESS
Children: Teacher Reports***
(N = 904 children in EC sites with pre/post teacher ratings)



Reports by caregivers confirm the classroom teacher reports in the area of internalizing problems. Externalizing behaviors may manifest quite differently in home and classroom environments.

**Strengthened Social-Emotional Development for SESS
Children: Caregiver Reports***
(N = 1,032 EC children with pre/post behavior ratings)



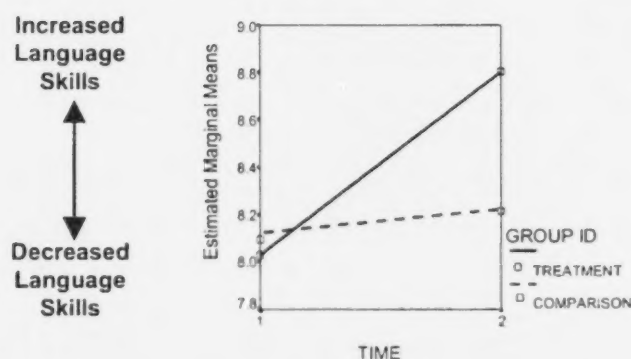
*From the Preschool/Kindergarten Behavior Scales (PKBS) – Caregiver Ratings

Finally, *SESS* children also experienced a much steeper rise in the mastery of linguistic concepts than did comparison youth who did not benefit from the augmentation of their preschool environment through *SESS*. This outcome is based upon a psychological assessment in which a trained clinician conducts speaking, comprehension, and verbal recognition exercises with the child (rather than parent observation or self-report). It is appropriate only for monolingual,

English-speaking children as one measure of school readiness. This positive finding for *SESS* families demonstrates the benefit of *SESS* services, including increasing the staff-to-child ratio in educational settings and providing staff with the resources to make learning fun and interactive. Solid language skills are critical tools for academic success as they lay a foundation for reading ability.

Taken together, the findings on social-emotional and linguistic development in preschool *SESS* children form a promising result with respect to school and reading readiness.

Improved Receptive Language Skills for *SESS* Children* (N = 604 monolingual EC children ages 3-6)



*From the Clinical Evaluation of Language Fundamentals
– Preschool (CELF-P)

Summary

In summary, the *SESS* demonstration has demonstrated scientifically validated successes with respect to the major sequential stages of positive outcomes that represent the intent of the programs. Access to crucial areas of family and needed behavioral health services has been increased. The well-being of families, and therefore their nurturing and supportive influences on their youngest members, has grown stronger in important ways. And the infants, toddlers, and children nurtured by these strengthened families, strengthened classrooms, and the *SESS* programs have benefited in their early development.

As the study continues, *SESS* will report findings from many more analyses to examine site variation and similarity, combinations of program characteristics or services that are linked with specific outcomes, and longitudinal outcome findings.

In short, *SESS* is showing that we can achieve what we know must be done. We can engage families of young children on the borders of the service system, build their strengths, support their victory over challenges, and help build stronger environments for their children. Most important, these accomplishments can produce gains in attachment for infants, and in social-emotional and behavioral development of preschool children that are measurable even shortly after initiation of the intervention. We can create a more solid foundation for the positive growth of these young children.

Our growing knowledge of children's social-emotional development tells us that these early gains will reap later rewards in positive youth development and resiliency. The experience and research findings from the *SESS* collaboration highlight the crucial tasks before us. As a society, we must mobilize the collective will, disseminate the knowledge, and make the policy choices necessary to bringing these services to every young child in need.

APPENDICES

- A. About *Starting Early Starting Smart*
- B. *SESS* Program Acknowledgments
- C. *Starting Early Starting Smart* Grant Sites

Appendix A: About *Starting Early Starting Smart*

Starting Early Starting Smart (SESS) is a knowledge development initiative designed to:

- Create and test a new model for providing integrated behavioral health services (mental health and substance abuse prevention and treatment) for young children (birth to 7 years) and their families; and to
- Inform practitioners and policymakers of successful interventions and promising practices from the multi-year study, which lay a critical foundation for the positive growth and development of very young children.

The *SESS* approach informs policymaking for:

- Service system redesign
- Strengthening the home environment
- Using culture as a resource in planning services with families
- Service access and utilization strategies
- Targeting benefits for children
- Working with families from a strengths-based perspective

In October 1997, with initial funding of \$30 million, the Substance Abuse and Mental Health Services Administration (SAMHSA) and Casey Family Programs embarked on a precedent-setting public/private collaboration. Twelve culturally diverse grantee organizations were selected. Each provides integrated behavioral health services in community-based early childhood settings—such as child care, Head Start, and primary care clinics—where young families customarily receive services for children. Critical to this project is the required collaboration among funders, grantees, consumers, and local site service providers. Implicit in the design of this project is sustainability planning for secured longevity of the programs.

The Research Design

The 12 grantees, working collaboratively, designed a study whereby integrated behavioral health services are delivered in typical early childhood settings. Each site has an intervention and comparison group, and each site delivers similar targeted, culturally relevant, interventions for young children and their families. A collaboratively determined set of outcomes has been established to evaluate project effectiveness:

- Access to and use of services
- Social, emotional, and cognitive outcomes for children
- Caregiver-child interaction outcomes
- Family functioning

The goal of the *SESS* research is to provide rigorous scientific evidence concerning whether children and families participating in *SESS* programs achieve better access to needed services and better social, emotional, cognitive, and behavioral health outcomes than do the children and families not receiving these services. *SESS* programs may also generate information about opportunities, practices, and barriers to sought-after outcomes. This information is critical to achieving effective public policies.

SESS Extended

It was clear from the early days of *SESS* that whatever effects were uncovered, longitudinal extension of the study would be valuable. In 2001, SAMHSA and Casey Family Programs embarked upon an extension phase, which will increase understanding of the impact of early intervention as young children enter preschool and school years, when babies or toddlers are asked to meet escalating emotional and cognitive demands. This longitudinal extension can validate early methods and findings and assess their durability. It is anticipated that this work will include additional data points of a refined instrument set and intervention package with the addition of study questions related to cost and value, and other special studies. Additional future plans include applying and validating early *SESS* lessons learned, key concepts, components, and principles to new settings that serve families with young children.

Summation

In sum, *SESS* reflects the growing acknowledgement that it is important to target positive interventions to very young children. The infant and preschool years lay a critical foundation for later growth and development. Second, successful interventions for very young children must meet the multiple behavioral health, physical health, and educational needs of families. Third, integrated behavioral health services must be made more accessible to families with multiple needs, which are difficult to meet in a fragmented service system.

For more information about *Starting Early Starting Smart* and related SAMHSA-Casey products, contact www.health.org or www.casey.org or www.csap.samhsa.gov.

Appendix B: SESS Program Acknowledgments

The Families and Grantees of *Starting Early Starting Smart (SESS)*
would like to acknowledge:

Nelba Chavez, Ph.D.
Administrator
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Rockville, MD

and

Ruth Massinga, M.S.
President and CEO
Casey Family Programs
Seattle, WA

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Appendix C: Starting Early Staring Smart Grant Sites

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Data Coordinating Center				
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Primary Care Site				
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University of Miami Miami, FL	Connie E. Morrow, Ph.D.	K. Lori Hanson, Ph.D.	Emmalee S. Bandstra, M.D. April L. Vogel, Ph.D.	(305) 243-2030
University of Missouri Columbia, MO	Carol J. Evans, Ph.D.	Robyn S. Boustead, M.P.A.	Carol J. Evans, Ph.D.	(573) 884-2029
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The Tulalip Tribes, Beda?chelh Marysville, WA	Linda L. Jones, B.A.	Linda L. Jones, B.A.	Claudia Long, Ph.D.	(360) 651-3282
The Women's Treatment Center Chicago, IL	Jewell Oates, Ph.D.	Dianne Stansberry, B.A., C.S.A.D.P.	Victor J. Bernstein, Ph.D.	(773) 373-8670 ext 3026



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